



Promoting equity in engagement, access, and quality of mental health care for Veterans facing barriers to care, especially rural Veterans

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Communiqué

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Round and Round We Go: Everything You Ever Wanted to Know (But Never Asked) About the SC MIRECC CBOC Mental Health Rounds Program

By Ashley McDaniel, M.A.

SC MIRECC has been a leader in educating VISN 16 providers on priorities in mental health care since 1998. Education is one of our four core tenets (along with Research, Research Training, and Improving Clinical Care). In November 2011, we created a mental health education webinar series to support providers in VA community-based outpatient clinics (CBOCs) and other areas of the country where access to training is limited. The CBOC Mental Health Rounds are under the umbrella of the SC MIRECC Education Core (Associate Director Michael Kauth, Ph.D.). Geri Adler, Ph.D. directs the series.

The purpose of the CBOC Mental Health Rounds is to engage, empower, and encourage mental health providers to incorporate cutting-edge treatments and research into their clinical practice to better meet the mental health care needs of Veterans. This webinar series, which is viewed on participants' desktop computers via Microsoft Lync communications software, is a great tool for fulfilling this need. Providers can set aside one hour a month to participate in the trainings without leaving their offices. Each presentation is accredited for 1 hour of continuing education credit by the Accreditation

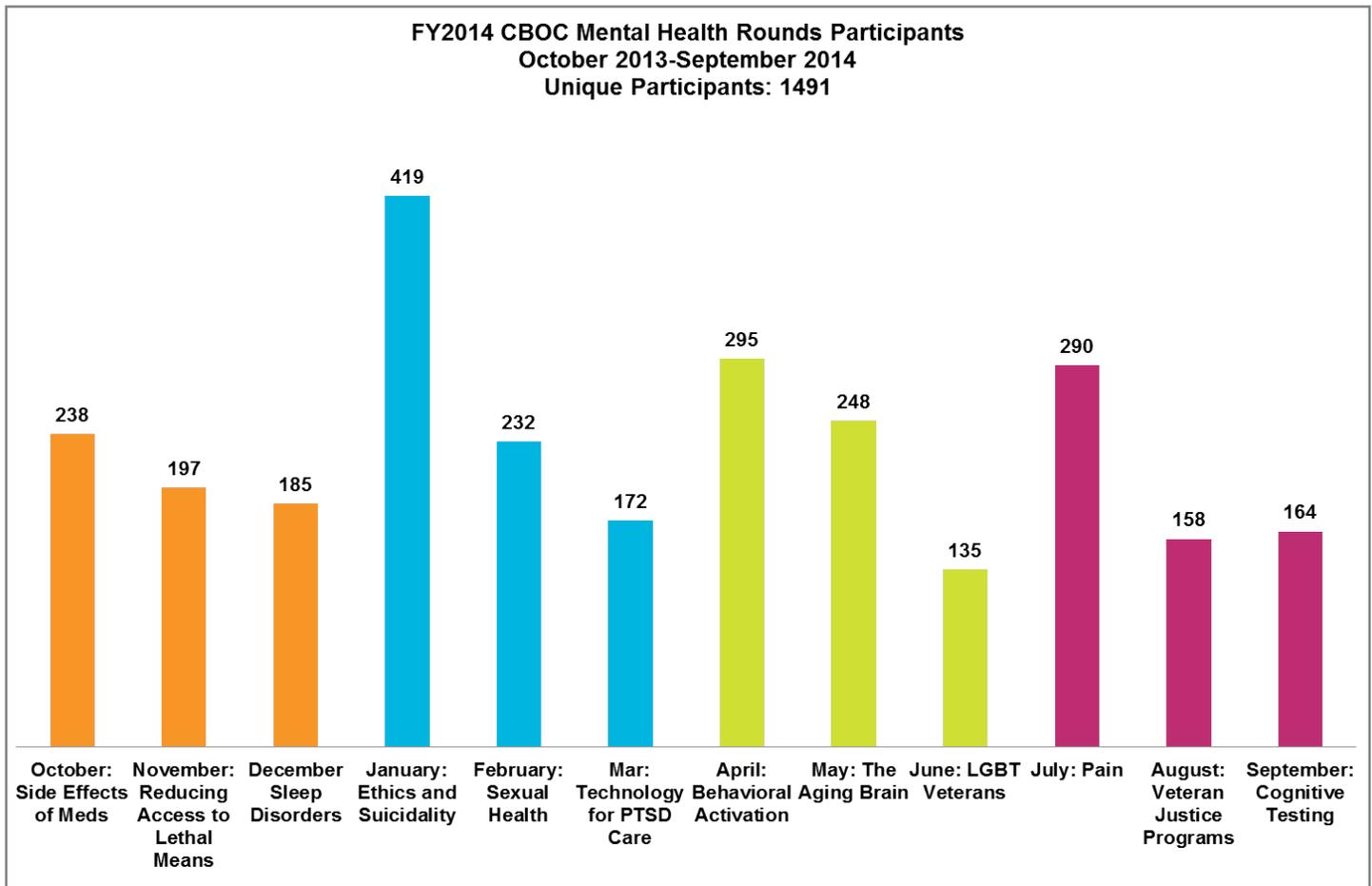
See ROUNDS on page 2

Fiscal Year 2015 Clinical Educator Grant Award Recipients

The SC MIRECC Clinical Educator Grants Program helps VA clinicians and educators develop innovative, exportable educational interventions that target rural, underserved, or hard-to-reach populations and their families, or to improve the health care delivery system. Once a year, we invite clinicians, researchers, evaluators, and educators who are VA mental health staff to apply for one of our grants. All applications are reviewed by at least three members of the SC MIRECC Education Core or outside experts and are rated in terms of consistency with the SC MIRECC mission, proposed goals, target population and its needs, feasibility of plans, project evaluation, potential outcomes, and budget. This month, we are pleased to announce our fiscal year 2015 clinical educator grant recipients. Congratulations!

See CEG on page 4

ROUNDS (continued from page 1)



Over the past two years, we expanded the series beyond VISN 16 to serve a national audience. Though our audience has grown, we have continued to offer topics that appeal to providers serving Veterans in small communities. In fiscal year 2014, 1491 unique providers participated in the rounds. Since 2011, 2247 unique providers have participated in the rounds.

Council for Continuing Medical Education (for physicians and non-physicians), the American Psychological Association, the American Nurses Credentialing Center, the Association of Social Work Boards, the California Board of Behavioral Sciences, and the National Board for Certified Counselors. Registration, posttest, and evaluation requirements are completed through the VA Talent Management System (TMS). Once requirements are completed, participants can print their accredited certificate through TMS.

Though any VA provider is welcome to participate in the series, we target CBOC providers because they have fewer opportunities to leave their clinics for education and fewer options for interacting with colleagues in other locations. Microsoft Lync has features that allow providers to communicate with each other and the presenters, including a chat box and direct messaging.

We offer two opportunities to attend each monthly presentation. Mark your calendars to join us at 8:00 a.m. CT on second Wednesdays OR 11:00 a.m. CT on second Thursdays. In the coming months we will cover a broad spectrum of topics of interest to providers across the country, including spirituality, ADHD, cognitive-behavioral therapy and chronic pain, geriatric addiction, and brief cognitive-behavioral therapy. We also offer non-accredited copies of our past presentations. Contact me anytime at Ashley.McDaniel@va.gov for more information about the series, past presentations, troubleshooting, to join our mailing list, or to request a copy of recordings. You can also access our SharePoint from a VA computer to download slides and handouts from past presentations (<https://vaww.visn16.portal.va.gov/SiteDirectory/mhp/education/default.aspx>). We hope you will join us! ♦

Message from the CBOC MH Rounds Program Director, Geri Adler, Ph.D.

It has been over three years since we first began offering the SC MIRECC CBOC Mental Health Rounds. Since then we have grown from VISN 16 to a national audience. In an effort to appeal to the diverse interests of our audience we have offered a mix of topics that have included suicide prevention, ethics, sleep disorders, and cognitive impairment.

The series has become a success due to the work of our planning committee. The committee meets monthly and is composed of mental health providers from a variety of disciplines. They oversee the planning process by identifying content, selecting topics, recommending speakers, establishing objectives and ensuring that each session adheres to accreditation board criteria.

I'd like to thank everyone on the planning committee, including

- Jody Baudoin, MSW, LCSW
- Alicia Bernack, R.N.
- Beth Jeffries, Ph.D.
- Virginia Jones, RN, BC, AP/MHNP, FNP, GNP, CNS
- Michael Kauth, Ph.D.
- Joseph Kennedy, M.D.
- Mark Kunik, M.D., MPH

I would also like to thank the VA Employee Education System (EES) program managers and assistants who have worked with us since the program started, especially Mary Fay, the EES program manager who helped us set up the series. She has now gone on to work on other projects but I can't thank her enough for all the help she provided. I'd also like to thank our interim program manager Kristie Short and assistant Vicky Moss, and welcome our new program manager Charles Johnston and education technician Laura Meade. I'd like to thank Ashley McDaniel for all the technical support, creativity and leadership she has provided to the series over the years. Finally, I'd like to thank our wonderful presenters who have developed and delivered content for our series and who have been generous with their time (sometimes so generous that they present at 6:00 a.m.!).



Other Resources and Continuing Education

We regularly post details for resources, training and continuing education opportunities from across the VA and the community on the Mental Health Practice, Research and Education Portal (MH PREP) SharePoint. The MH PREP is accessible from a VA computer at <https://vawww.visn16.portal.va.gov/SiteDirectory/mhp/default.aspx>. Find resources on the home page and a training calendar on the education page. Visit the SharePoint for details. Recent posts include:

- December 17 at 1:00 CT: PTSD and Cannabis Use
- On Demand: Mental Health Evaluation in PCMH: What do you really need to do?
- SAMHSA Suicide Prevention App Launches in January 2015
- The Report on Integrating Mental Health Into PACT (IMHIP) in the VA

CEG (continued from page 1)

A Clinician's Multimedia Guide to the Concepts of Dialectical Behavior Therapy

Developers: Stephanie Goins, LCSW and Stephen McCandless, Ph.D.

Continuing the work they started with their fiscal year 2014 grant, "A Clinician's Multimedia Guide to the Metaphors of Acceptance and Commitment Therapy," Ms. Goins and Dr. McCandless continue their work to help clinicians understand the core concepts of evidence-based psychotherapies with a new grant that focuses on dialectical behavior therapy. With this new project, they will develop and distribute graphics, animations, and videos that will educate both CBOC and mental health clinicians about the concepts of dialectics, emotion regulation, interpersonal effectiveness, distress tolerance, and mindfulness. They hope that by demonstrating key therapeutic concepts through multimedia, they will enhance the application of dialectical behavioral therapy in VA.

Specialty Mental Health Needs Assessment for Native American Veterans

Developers: Candy Klump, R.N., Kristen Sorocco, Ph.D., and Sarah Rhoades-Kerswell, M.S.

The purpose of this project is to create a fact sheet on specialty mental health services needs and delivery preferences of Native American and Alaskan Native Veterans. The developers will collect specialty mental health needs assessment data about these Veterans using interview and focus group methodology with key stakeholders in the community, including VA, the Indian Health Service, representatives from diverse tribes, mental health care providers, and Native American and Alaskan Native Veterans. ♦

CBOC Mental Health Rounds

Sponsored by the South Central MIRECC

VA mental health providers are invited to attend the next CBOC Mental Health Rounds session titled "**A Higher Power in the Clinic Office: The Value of Addressing Religiousness and Spirituality in Mental Health Treatment**" on Wednesday, December 10 at 8:00-9:00 a.m. CT and Thursday, December 11 at 11:00-12:00 p.m. CT. This Microsoft Lync session will be presented by Jeremy Cummings, Ph.D. and Terri Barrera, Ph.D. At the conclusion of this educational program, learners will be able to:

1. Understand popular and academic definitions of religion and spirituality;
2. Describe clinically relevant dimensions of religious and spiritual functioning; and
3. Learn basic principles and techniques for assessing clients' religion and spirituality.

Call 1-800-767-1750 and use access code 37009# to participate. Email Ashley.McDaniel@va.gov or call (501) 257-1223 for registration and continuing education credit information.

Upcoming CBOC Mental Health Rounds
Second Wednesdays
(8:00-9:00 am CT)
and
Thursdays
(11:00-12:00 am CT)
Monthly
(800) 767-1750; 37009#

January 14 & 15, 2015
ADHD

February 11 & 12, 2015
CBT and Chronic Pain

RECENT SC MIRECC PUBLICATIONS

EFFECT OF RURAL RESIDENCE ON USE OF VHA MENTAL HEALTH CARE AMONG OEF/OIF VETERANS

Hudson, T. J., Fortney, J. C., Williams, J. S., Austen, M., Pope, S. K., & Hayes, C.

Psychiatric Services, 2014, Advance online publication

The Veterans Health Administration has worked to increase availability of mental health treatment for rural Veterans. The objective of this study was to understand the impact of rural residence on screening for, diagnosis of, and treatment for depression and PTSD among Veterans of Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) using VHA care. A cohort of Veterans from a five-state region whose first VHA clinic visit occurred between January 1, 2008, and March 17, 2009 was identified. The cohort was retrospectively followed for three months to identify a cohort who used VHA care at least twice. The sample included 4,782 OEF/OIF Veterans known to be using VHA care; mean age was 31 years (range 18-64); most were male (88%). Screening rates were 85% for depression and 84% for PTSD. Compared with Veterans in small or isolated rural towns, those in urban areas were less likely to be diagnosed as having PTSD (odds ratio [OR]=.79, 95% confidence interval [CI]=.66-.95, $p<.05$) and less likely to receive psychotropic medications (OR=.52, CI=.33-.79, $p<.01$) or psychotherapy (OR=.61, CI=.40-.94, $p<.05$) for PTSD. Veterans living in urban areas were also less likely to receive antidepressants (OR=.56, CI=.32-.98, $p<.05$) or psychotherapy (OR=.61, CI=.40-.93, $p<.05$) for treatment of depression. The researchers

concluded that among Veterans who used VHA care at least twice, those living in urban areas were less likely than those living in rural areas to receive diagnoses of and treatment for PTSD and depression.

SEVERITY OF DEPRESSION AND ANXIETY ARE PREDICTORS OF RESPONSE TO ANTIDEPRESSANT TREATMENT IN PARKINSON'S DISEASE

Moonen, A. J., Wijers, A., Leentjens, A. F., Christine, C. W., Factor, S. A., Juncos, J., Lyness, J. M., **Marsh, L.**, Panisset, M., Pfeiffer, R., Rottenberg, D., Serrano Ramos, C., Shulman, L., Singer, C., Slevin, J., McDonald, W., Auinger, P., & Richard, I. H.

Parkinsonism and Related Disorders, 2014, 20(6), 644-646

Antidepressants have appeared to be more effective than placebo treatment in treating depressive syndromes in patients with Parkinson's disease (PD). The objective of this study was to identify factors that predict improvement in depressive symptoms during antidepressant treatment in depressed PD patients. A secondary analysis was performed on the dataset of the Randomized Placebo-controlled Study of Antidepressants in PD (SAD-PD), in which 76 patients received active treatment with either paroxetine or venlafaxine extended release (XR), and 39 patients received placebo treatment. Backward stepwise regression analyses were conducted with change in 24-item Hamilton

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ATTRIBUTION: ACKNOWLEDGEMENT OF MIRECC RESEARCH SUPPORT/EMPLOYMENT

SC MIRECC researchers and educators have a responsibility to ensure SC MIRECC receives proper credit for SC MIRECC-supported studies or projects in articles, presentations, interviews, and other professional activities in which the results of those projects are publicized or recognized. All investigators should credit SC MIRECC if they receive either direct or indirect SC MIRECC support. For example, "This work was supported in part by the VA South Central (VISN 16) Mental Illness Research, Education and Clinical Center." If you receive salary support from SC MIRECC, you should list SC MIRECC as an affiliation.

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Depression Rating Scale (HAMD-24) score between assessments at baseline and week 12 as the main outcome measure, and sex, age, baseline HAMD-24 score, Unified Parkinson's Disease Rating Scale section III (UPDRS-III) score, Mini-Mental State Examination (MMSE), and the Clinical Anxiety Scale (CAS) as independent variables. Results showed that in both the active treatment and placebo groups, higher baseline HAMD-24 score and lower UPDRS-III score were associated with greater reduction in HAMD-24 score. Higher anxiety scores predicted less response in the active treatment group. Higher MMSE scores predicted greater response only in the placebo-treated group. Sex and age were no predictors of response. The researchers concluded that higher pre-treatment depression scores and lower pre-treatment anxiety scores are the two most important predictors for improvement during antidepressant treatment in depressed PD patients, which is in line with those found in treatment studies of depressed non-PD patients. Furthermore, results indicate the requirement for different or more intensive treatment for depressed PD patients with more severe anxiety symptoms.

ACCESS TO CARE FOR TRANSGENDER VETERANS IN VHA: 2006-2013

Kauth, M. R., Shipherd, J., Lindsay, J. A., & Blossnich, J.

American Journal of Public Health, 2014, 104(S4), S532-S534

A 2011 Veterans Health Administration directive mandated medically necessary care for transgender Veterans. Internal education efforts informed staff of the directive and promoted greater access to care. For fiscal years 2006 through 2013, we identified 2662 unique individuals with International Classification of Diseases, Ninth Revision diagnoses related to transgender status in Veterans Health Administration medical records, with 40% of new cases in the 2 years following the directive. A bottom-up push for services by Veterans and top-down education likely worked synergistically to speed implementation of the new policy and increase access to care. ♦

SC MIRECC Pilot Study Program Quarterly Application Deadline is January 5

We accept applications for the SC MIRECC Pilot Study Research Program four times a year: January 1, April 1, July 1, October 1, or the following Monday after a weekend. Due to the holiday, the next application deadline is January 5, 2015.

Generally, pilot study grants are less than \$75,000. Investigators proposing multi-site studies may request additional funds. Study expenses must be justified and we welcome proposals with more modest budgets. All SC MIRECC core and affiliate faculty and fellows are eligible to apply. A SC MIRECC core or affiliate investigator must serve as co-principal investigator on trainee proposals (fellow, resident, or intern).

For more information, contact Dr. Ellen Fischer at fischerellenp@uams.edu or (501) 257-1711. Visit <http://www.mirecc.va.gov/visn16/research.asp> to download the application. ♦

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